

Philosophical Framework for NC Gold Star Provider Monitoring

The transition from a fee-for-service model of service delivery to a managed care model carries inherent risks and an increased level of accountability by the LME/MCO for quality of care, positive outcomes, and financial viability. Consequently, the LME/MCO's approach to monitoring the performance of its provider network in a managed care environment takes on special significance – one which necessitates the incorporation of quantitative and qualitative measures and which addresses the myriad of regulatory, risk management, and contractual responsibilities by which the LME/MCO's performance is evaluated.

While the Gold Star monitoring process primarily focuses on ensuring that the basic minimum requirements for providers are being met according to rules and regulations by statute, there are additional qualitative measures that have been, and continue to be, inherent in the overall process. In order to offer an objective process to elevate service providers to higher levels, the Gold Star process recognizes that it is essential to incorporate qualitative measures as well. Gold Star Provider Monitoring offers an objective means to achieve both, not only by assessing compliance with minimum standards, but also by assessing quality measures and by providing a mechanism for providers to achieve advanced status on the provider performance profile. Advancement to Preferred, Exceptional or Gold Star Status requires demonstration of consistently high compliance not only with rules and statutory requirements but also with implementation of a continuous quality improvement process.

To this end, there are some policies and provider expectations cited within the review tools that help to directly address a number of qualitative measures that are not necessarily found in rule per se, but nevertheless reflect best practice/evidence-based practice standards and guidelines. Some of these policies are grounded in rule and may even reference some of the specific rules or statutes, while some items monitored during the Gold Star process assess compliance with LME/MCO provider contract requirements, the American with Disabilities Act, specific Centers for Medicare and Medicaid Services requirements, and national accreditation standards. Providers are also expected to comply with the standards and requirements outlined in DMA's behavioral health clinical coverage policies [CCP 8A through 8O], the Records Management and Documentation Manual [APSM 45-2], and DMA/DMH/DD/SAS Implementation Updates. While some of the guidance and standards evaluated during the Gold Star process are beyond rules or statutes, the intent is to implement a system of accountability for providers that allows them to demonstrate higher standards in their practice.

While the various policies and expectations cited in the review tool guidelines are not used to prompt payback, a Plan of Correction may be required by the LME/MCO in order to raise the quality of care and to comply with the standards and expectations of other regulatory authorities when the LME/MCO monitors a provider using the Gold Star process. The guidance provided by these policies is used to assess the provider's performance in terms of the level of quality of service provision. Through the Gold Star Provider Monitoring process, LME/MCOs are able to assess whether a provider has demonstrated a higher level of performance through the incorporation of these quality measures within the tools.

In adapting Cardinal Innovations' Gold Star monitoring process so that it can be implemented statewide, LME/MCOs expressed the importance of assessing provider compliance with key contract requirements and other criteria and performance standards outside of established rule. Incorporating these measures in the tools serves to protect the safety and well-being of individuals receiving services and assists the LME/MCOs in meeting their own national accreditation requirements. Assessing such standards through the monitoring process helps address some of the liability issues inherent in operating a risk-based managed care program, improves performance on external quality reviews, and facilitates efficiency and economies of scale in fulfilling the LME/MCOs' responsibilities in managing their provider network.